



# CREATION TECHNOLOGIES – Standard Procedure

## Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #  
**C-0002603**

Rev0  
**Page 1 of 10**

### 1.0 CATEGORY

Company Type <input type="checkbox"/> Manufacturer <input type="checkbox"/> Supplier <input type="checkbox"/> Distributor <input type="checkbox"/> Services	
Date Completed	Completed By:
Company Name:	Phone:
Street Address:	Fax:
City, State, Province, Country, Mailing Code:	
Type of Organization (sole owner, partnership, corporation, subsidiary):	

Brief Company History:

Questionnaire Prepared by:	Title:	Phone:

Organization	Name	Reports to (Name and Title)	Email address
General Manager			
Engineering Manager			
Production Manager			
Sales Manager			
Quality Manager			


Website:	
Affiliations / Subsidiaries:	

Sales Contact for Creation:	Title:	Phone number:	E-Mail Address:

Quality Contact for Creation:	Title:	Phone number:	E-Mail Address:

<b>To be completed by Creation Technologies</b>	
---	--

CTAPL Supplier	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplier Category / Classification	Category 1	<input type="checkbox"/> Manufacturer – Custom
	Category 2	<input type="checkbox"/> Distributor – Independent
		<input type="checkbox"/> Manufacturer – Standard
		<input type="checkbox"/> Distributor – Franchised
	Category 3	<input type="checkbox"/> Services – Production
	Category 4	<input type="checkbox"/> Services – Logistics
	<input type="checkbox"/> Services – Non-Production	
	<input type="checkbox"/> Customer	

	<b>CREATION TECHNOLOGIES – Standard Procedure</b>		
	<b>Supplier Questionnaire</b> COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.		Document # <b>C-0002603</b>

**2.0 STAFFING / FACILITIES:**

# of Employees -	Design Engineering	Manufacturing	Mfg Engineering	Quality	Inspection	TOTAL

➤ Please provide a copy of company's Organization Chart.

Is workforce unionized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
-------------------------	--	-----------	--

Plant Area:	# of Buildings:	Primary Product / Commodity or Service:
<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		

**3.0 OPERATIONS CAPACITY:**

Number of shifts:	
Hours per day:	
Days per week:	

Overall Capacity (%):	
-----------------------	--

Normal Production Lot Size:	
-----------------------------	--

➤ Please provide a DETAILED Manufacturing Equipment and Process List. Include if completed onsite or subcontracted.

➤ Please provide a DETAILED Inspection Equipment List.

**4.0 FINANCIALS:**


Indicate your company's ownership status:	<input type="checkbox"/> Publicly held company <input type="checkbox"/> Privately held company
If publicly held, stock symbol:	

Indicate company's Financial D&B (or equivalent financial strength ratio):	
--	--

Financial		Shipping					
Payment Terms: Min NET 60		Freight Terms	<input type="checkbox"/> EXW	<input type="checkbox"/> DDP	<input type="checkbox"/> DAP	<input type="checkbox"/> FCA	<input type="checkbox"/> TBD
Invoice Currency	<input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> CNY	FOB					
Payment Method	<input type="checkbox"/> Check <input type="checkbox"/> Wire <input type="checkbox"/> Clearing	Ship Via					

**Annual Sales:**

<b>Total Annual Sales (previous year):</b>	
% Annual Sales for MEDICAL:	
% Annual Sales for AVIATION / AEROSPACE:	
% Annual Sales for AUTOMOTIVE / INDUSTRIAL:	
<b>Expected Sales (current year):</b>	
<b>Projected Sales Growth (1 year out):</b>	
<b>Projected Sales Growth (2 years out):</b>	
<b>Projected Sales Growth (3 years out):</b>	

	<b>CREATION TECHNOLOGIES – Standard Procedure</b>		
	<b>Supplier Questionnaire</b> COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.		Document # <b>C-0002603</b>

List the percentage of revenue for key customers of Medical /Aviation /Aerospace /Automotive / Industrial Customers to whom you supply product:

Customer % of Revenue:	Industry:			Types of Part(s) / Product(s):
	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	
	<input type="checkbox"/> Aerospace	<input type="checkbox"/> Medical	<input type="checkbox"/> Industrial	

Distributor: *If this box is checked skip to page 6 and complete.*

Metrology Supplier: *If this box is checked skip to "calibration control" section on page 4 and complete.*

**5.0 COMMERCIAL:**

Contracts and Agreements -	Yes	No	Comments
1. Do you provide contract pricing (based on annual quantity with multiple deliveries)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is your company comfortable entering into Long Term Agreements (LTA's)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have any active Long-Term Agreements (LTA's)?	<input type="checkbox"/>	<input type="checkbox"/>	

**6.0 NEW PRODUCT DEVELOPMENT:**

Development Support -	Yes	No	Comments
1. Do you have customer new product development / launch experience?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have a dedicated new product development group?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have a dedicated pilot-production area?	<input type="checkbox"/>	<input type="checkbox"/>	

**7.0 QUALITY SYSTEM:**

<b>Indicate Current Quality System Registration:</b>	<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 13485 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> FDA <input type="checkbox"/> AS9100 <input type="checkbox"/> ISO 17025 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> IAFT 16949	<input type="checkbox"/> Other(s), please specify: _____	<i>Please include copy of applicable certifications.</i>
<b>Last Audit Date:</b>	<b>Registrar:</b>		
<b>Certification Validation(s) yes / no</b>	<b>Source:</b>		
<b>FDA Registration Number</b>			
<b>Experience with supplying to Military</b>	<input type="checkbox"/> ITAR <input type="checkbox"/> CGD <input type="checkbox"/> DFAR		

Indicate the PPAP elements your organization has experience with (part of normal business process) and can provide, if requested:

Production Part Approval Process (PPAP) element experience -	Yes	No	Comments
1. Part Submission Warrant (PSW)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Design Record / Balloon Drawing	<input type="checkbox"/>	<input type="checkbox"/>	
3. Material / Performance Test Results and Certificates	<input type="checkbox"/>	<input type="checkbox"/>	
4. Dimensional Results	<input type="checkbox"/>	<input type="checkbox"/>	
5. Process Capability Studies	<input type="checkbox"/>	<input type="checkbox"/>	
6. Measurement System Analysis (MSA)	<input type="checkbox"/>	<input type="checkbox"/>	
7. Process Flow Diagram	<input type="checkbox"/>	<input type="checkbox"/>	
8. Control Plan	<input type="checkbox"/>	<input type="checkbox"/>	



## CREATION TECHNOLOGIES – Standard Procedure

### Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #  
C-0002603

Rev0  
Page 4 of 10

9. Process Failure Mode and Effects Analysis (PFMEA)	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--

Continuous Improvement -	Yes	No	Comments
1. Do you have a structured continuous improvement program?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your company have a Six Sigma or equivalent management system?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you measure and report on scrap and rework trends?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you analyze scrap and rework to determine root causes of defects?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you use SPC techniques in the manufacturing process?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you perform machine capability studies? Takt time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Do you manufacture in a cellular environment?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you respond to customer feedback regarding your company's quality and delivery performance?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you incorporate Just In Time (JIT) based on customer forecast?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you measure and track your company's quality and delivery performance?	<input type="checkbox"/>	<input type="checkbox"/>	
10a. Indicate your company's year-to-date quality performance rating in terms of defective Parts Per Million (PPM) and last full calendar year end rating:			
10b. Indicate your company's year-to-date delivery performance rating in terms of On-Time Delivery (OTD) percentage and last full calendar year end rating:			

Supplier Control and Management -	Yes	No	Comments
1. Do you have a supplier rating system?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the supplier rating information supplied to your Purchasing department / group?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have an approved supplier list? AVL?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have a supplier audit program?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have a corrective action system for supplier/customer non-conforming material?	<input type="checkbox"/>	<input type="checkbox"/>	

Engineering -	Yes	No	Comments
1. Do you have a system to incorporate customer specifications into manufacturing work instructions, standards, and specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have a system to incorporate customer changes into manufacturing work instructions, standards, and specifications? ECN Process?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Can your system support Key Characteristics and SPC requirements defined on Creation engineering documents in your manufacturing work or testing instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have engineering support in Canada? U.S.? other country's Creation is present?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you use Computer Aided Manufacturing (CAD/CAM) / Solid Works software to develop manufacturing work instructions and programming?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Can you support data transfer with other CAD/CAM/ Solid Works formats?	<input type="checkbox"/>	<input type="checkbox"/>	

Manufacturing Control and Inspection -	Yes	No	Comments
1. Do you have a material traceability system? Drill down to component level?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you verify physical and chemical properties of purchased materials?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Can you retain quality records for 25 years or longer if specified by the customer?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does your system provide for timely, identification, quarantine, and control of non-conforming material?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does your system provide notification to the customer for non-conformances that have been shipped from your factory? Including onsite support for containment / sorting to keep production running at your customer?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you submit part approval documentation compliant to the requirements defined in the Automotive Industry Action Group (AIAG) PPAP manual or other Creation specific customer certifications / requirements?	<input type="checkbox"/>	<input type="checkbox"/>	



## CREATION TECHNOLOGIES – Standard Procedure

### Supplier Questionnaire

COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.

Document #  
C-0002603

Rev0  
Page 5 of 10

7. Do you perform sampling inspection in-process? Record results?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does your system assure all manufacturing work instructions and specifications are current? Visual standards or monitors / IPADs especially if English is not primary language?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do work instructions for operators and assemblers have revision history and signoff?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you have a system to validate manufacturing methods and work instructions?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Is there a Material Review Board (MRB) and corrective action system?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Can you perform annual eye exams for all personnel performing visual inspection by a medically qualified/trained person to Snellen 14/18, (20/25), Jaeger Type 2, or equivalent for lead inspectors / operators?	<input type="checkbox"/>	<input type="checkbox"/>	

Part Cleanliness / FOD Control (Foreign Object Damage) -	Yes	No	Comments
1. Do you have a system to ensure part cleanliness including shipment packaging?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your part cleanliness process include visual inspection under magnification? If so list magnification.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have ultrasonic cleaning equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have pressure wash capability?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you have rigid bore scope equipment for difficult to access internal passages?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have flexible bore scope equipment for difficult to access internal passages?	<input type="checkbox"/>	<input type="checkbox"/>	


Software Quality Control -	Yes	No	Comments
1. Is software used in manufacturing, design, or inspection of product?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have documented procedures for implementing software quality?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have procedures for change control of software, and do they comply with industry standards?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are copies of software files stored and backed up at a secure off-site location?	<input type="checkbox"/>	<input type="checkbox"/>	

Business Systems -	Yes	No	Comments
1. Do you have a change control system (engineering or process)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have experience using customer supplier portals for planning, order releases, and documentation (engineering and quality) visibility?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you use a Material Requirements Planning (MRP) or Enterprise Resource Planning (ERP) system?	<input type="checkbox"/>	<input type="checkbox"/>	
3a. Indicate the brand name of your company's MRP / ERP system (if applicable):			

Calibration Control -	Yes	No	Comments
1. Do you have documented procedures to control, calibrate, and maintain inspection, measuring and test equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have a gauge recall system in place? And a dropped gauge clause?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are gauges and inspection equipment traceable to a national standard?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have a system for calibration of measuring and test equipment compliant with ISO10012 or ANSI/NCSS Z540? Internal or external?	<input type="checkbox"/>	<input type="checkbox"/>	

#### Materials:

Do you currently work with the following materials?	Yes	No	Comments:
Plastics / Resins	<input type="checkbox"/>	<input type="checkbox"/>	
PCBs	<input type="checkbox"/>	<input type="checkbox"/>	

	<b>CREATION TECHNOLOGIES – Standard Procedure</b>		
	<b>Supplier Questionnaire</b> COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.		Document # <b>C-0002603</b>

Electronics	<input type="checkbox"/>	<input type="checkbox"/>	
400 and 300 Stainless Steels	<input type="checkbox"/>	<input type="checkbox"/>	
Precipitation Hardened Stainless Steels	<input type="checkbox"/>	<input type="checkbox"/>	
Exotic Stainless Steels	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	

**Special Processes, Non-Destructive Testing:**

➤ Please include a copy of any applicable 3<sup>rd</sup> party registrations (i.e., NADCAP, etc.).

Specification:	Process:	On-site?		Subcontracted?		Comments:
		YES	NO	YES	NO	
AMS2468	Hard Coating Treatment of Aluminum Alloys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AMS2759	Heat Treatment of Steel Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AMS-QQ-P-35	Passivation Treatments for Corrosion Resistant Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MIL-A-8625	Anodic Coatings for Aluminum and Aluminum Alloys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MIL-R-46082	Retaining Compounds, Single Component, Anaerobic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AMS-2644	Fluorescent Penetrant Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ASTM-E1444	Magnetic Particle Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other, please specify:	Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**8.0 DISTRIBUTOR INFORMATION:**


# of Employees -	Sales / Support	Quality	Operations	TOTAL

Type(s) of Products and/or Product Categories	
---	--

Authorized Franchised Manufacturers supported	
---	--

**Warehouse Locations:**

City, State, Province, Country	Warehouse Size	Inventory Value	% of Sales
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		
	<input type="checkbox"/> Sq. Feet <input type="checkbox"/> Sq. Meters		


	<b>CREATION TECHNOLOGIES – Standard Procedure</b>		
	<b>Supplier Questionnaire</b> COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.	<b>Document #</b> <b>C-0002603</b>	<b>Rev0</b> <b>Page 7 of 10</b>

**Creation Technologies Operations that can be supported at a local level:**

<b>USA</b>	<input type="checkbox"/> Denver, CO	<input type="checkbox"/> Dallas, TX	<input type="checkbox"/> Chicago, IL
	<input type="checkbox"/> Milwaukee, WI	<input type="checkbox"/> St Peter, MN	
<b>Canada</b>	<input type="checkbox"/> Toronto, ON	<input type="checkbox"/> Mississauga, ON	<input type="checkbox"/> Vancouver, BC
<b>Mexico</b>	<input type="checkbox"/> Mexicali, MX		
<b>Asia</b>	<input type="checkbox"/> Changzhou, CN	<input type="checkbox"/> Hong Kong, CN	

Type of Service	Type of Value-Added Services			
<input type="checkbox"/> Authorized Seller <b>** Program **</b>	<input type="checkbox"/> Kitting	<input type="checkbox"/> Cable Assembly	<input type="checkbox"/> Connector Assembly	<input type="checkbox"/> Mil Screening
<input type="checkbox"/> Independent Distributor / Dealer	<input type="checkbox"/> IC Programming	<input type="checkbox"/> Other (please specify): _____		
<input type="checkbox"/> Broker	<b>Value-Added Services Controlled by:</b>			
<input type="checkbox"/> Other	<input type="checkbox"/> Internal Procedures	<input type="checkbox"/> Manufacturer Procedures		

<b>Is your Storage Warehouse approved by the Defense Supply Center Columbus (DSCC)?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Are your company's Counterfeit Controls compliant with AS5553?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Describe your Counterfeit Controls (if applicable):</b>			
<b>Does your company have active membership in GIDEP and issue advisories / alerts for suspected / confirmed counterfeit parts?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>% of Sales that are MIL-SPEC components:</b>			
<b>% of Sales that are Non-Franchised components:</b>			

	<b>CREATION TECHNOLOGIES – Standard Procedure</b>		
	<b>Supplier Questionnaire</b> COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.	Document # <b>C-0002603</b>	Rev0 Page 8 of 10

**ARE YOU A SUPPLIER LOCATED IN THE USA?**

- YES - Complete as directed below.
- NO - **STOP** here. No further information required.

**ANSWER ITEMS 1 through 3 and then PROCEED AS APPLICABLE -**

<b>1. ORGANIZATION SIZE:</b>		<b>2. NAICS CODES: Provide your facilities Classification Codes:</b>	
Check one:		<i>(For additional NAICS information see <a href="http://www.census.gov/epcd/www/naics.html">www.census.gov/epcd/www/naics.html</a>)</i>	
<input type="checkbox"/> 1 – 99	<input type="checkbox"/> 251 – 499		
<input type="checkbox"/> 100 - 250	<input type="checkbox"/> 500+		


<b>3. BUSINESS SIZE:</b>	
Supplier is:	
<input type="checkbox"/> <b>SMALL</b> (Proceed to Box 6)	<input type="checkbox"/> <b>LARGE</b> (Proceed to Box 11)
<i>A SMALL BUSINESS is defined as one which, including its affiliates, is independently owned and operated, not dominant in the field of operation in which it is bidding on Government contracts, and qualified as a small business under the criteria and size standards in 13 CFR Part 121. Generally, manufacturers employing fewer than 500 persons are considered small. For non-manufacturers, please contact the Small Business Administration for business size regulations. See FAR 19.001 for details.</i>	

<b>4. SMALL DISADVANTAGED BUSINESS CONCERN:</b>	
Supplier:	
<input type="checkbox"/> <b>IS</b> a Small Disadvantaged Business Concern	<input type="checkbox"/> <b>IS NOT</b> a Small Disadvantaged Business Concern
<i>SMALL DISADVANTAGED BUSINESS CONCERN is defined as, a Small Business Concern which:</i> 1. Is at least 51% owned by one or more minorities, see A-G below, or, in the case of any publicly owned business, at least 51% of the stock of which is owned by one or more minorities, and; 2. Whose management and daily business operations are controlled by one or more minorities. See FAR 19.0001 for details.	
<input type="checkbox"/> - A. Subcontinent Asian (Asian-Indian) (U.S. Citizen with origins from India, Pakistan, Bangladesh, Sri Lanka, or Nepal).	
<input type="checkbox"/> - B. Asian-Pacific Americans (U.S. Citizen with origins from Japan, China, Philippines, Vietnam, Korea, Samoa, Guam, U.S. Trust Territory of the Pacific Islands, N. Mariana Islands, Laos, Kampuchea, Taiwan, Burma, Thailand, Malaysia, etc.	
<input type="checkbox"/> - C. African American (U.S. Citizen).	
<input type="checkbox"/> - D. Hispanic American (U.S. Citizen with origins from South American, Central America, Mexico, Cuba, the Dominican Republic, Puerto Rico, Spain, or Portugal).	
<input type="checkbox"/> - E. Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).	
<input type="checkbox"/> - F. Individual/Concern currently certified for participation in the minority small business and capital ownership development program under 8 (a) of the Small Business Act.	
<input type="checkbox"/> - G. Other:	

<b>5. WOMEN-OWNED SMALL BUSINESS STATUS:</b>	
Supplier:	
<input type="checkbox"/> <b>IS</b> a Women Owned Small Business	<input type="checkbox"/> <b>IS NOT</b> a Women Owned Small Business
<i>WOMEN OWNED BUSINESS CONCERN is defined as a business concern which is at least 51% owned by one or more women; or, in the case of any publicly owned business, at least 51% of the stock is owned by one or more women, and whose management and daily business operations are controlled by one or more women. See FAR 19.0001 for details</i>	

<b>6. CERTIFICATION OF HUBZone SMALL BUSINESS:</b>	
Supplier:	
<input type="checkbox"/> <b>IS</b> a HUBZone Small Business	<input type="checkbox"/> <b>IS NOT</b> a HUBZone Small Business
<i>HUBZone SMALL BUSINESS CONCERN is defined as a business located in a historically under-utilized business zone, which is an area located within one or more qualified tracts, qualified non-metropolitan counties, or lands within the external boundaries of an Indian reservation. A HUBZone small business concern appears on the List of HUBZone Small Business Concerns maintained by the Small Business Administration (SBA).</i>	



	<b>CREATION TECHNOLOGIES – Standard Procedure</b>		
	<b>Supplier Questionnaire</b> COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.		Document # <b>C-0002603</b>

<b>7. VETERAN-OWNED SMALL BUSINESS:</b>	
Supplier:	
<input type="checkbox"/> IS a Veteran Owned Small Business	<input type="checkbox"/> IS NOT a Veteran Owned Small Business


<b>8. VETERAN SERVICE DISABLED SMALL BUSINESS:</b>	
Supplier:	
<input type="checkbox"/> IS a Veteran Service Disabled Business	<input type="checkbox"/> IS NOT a Veteran Service Disabled Business
<b>SERVICE DISABLED VETERAN OWNED SMALL BUSINESS is defined as a business concern which is at least 51% unconditionally and directly owned by one or more service disabled veterans, and whose management and daily business operations are controlled by the service disabled veteran (s). Business must be certified as a SDVOSB by the Department of Veteran Affairs and listed on VETBIZ.GOV.</b>	

<b>9. MINORITY BUSINESS ENTERPRISE (MBE)</b>	
<input type="checkbox"/> IS an MBE	<input type="checkbox"/> IS NOT an MBE
As certified by the National Minority Supplier Diversity Council (NMSDC).	

<b>10. WOMAN BUSINESS ENTERPRISE (WBE)</b>	
<input type="checkbox"/> IS a WBE	<input type="checkbox"/> IS NOT a WBE
As Certified by the Woman’s Business Enterprise National Council (WBENC).	

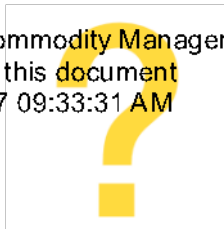
<b>11. SIGNATURE:</b>			
In order to comply with the Federal Government requirements and a policy regarding the procurement of goods and services from various classes of suppliers, our company requires accurate answers to the questions outlined above.			
Date:		Signature:	
		Name (Print):	
		Title	
		Company	

NOTICE: Under 15 U.S.C. 645 (D), any person who misrepresents a firm's status as established pursuant to Sections 8(a), 8(d), 9 or 15 of the Small Business Act or any other provision of the Federal Law that specifically references Section 8(d) for a definition of program eligibility, shall (1) be punished by the imposition of fine, imprisonment, or both; (2) be subject to administrative remedies, including suspension and debarment; and (3) be ineligible for participation in programs conducted under the authority of the act.

	<b>CREATION TECHNOLOGIES – Standard Procedure</b>		
	<b>Supplier Questionnaire</b> COMPLETION OF THIS QUESTIONNAIRE IS REQUIRED FOR CONSIDERATION, EVALUATION AND DEVELOPMENT OF A CREATION TECHNOLOGIES SUPPLIER.	<b>Document #</b> <b>C-0002603</b>	<b>Rev0</b> <b>Page 10 of 10</b>

**APPROVALS**

Ken Wyatt  
 Director Commodity Management  
 I approved this document  
 2019-12-17 09:33:31 AM



**HISTORY OF CHANGES**

Revision	Authored/ Revised by	Section number changed and summary of the changes	Effective Date (YYYY-MM-DD)
0	John Gaspari	Updates made based on C-0001394 initially controlled on Van site, but due to status change to global and storage in All Common Docs, a new document# had to be assigned.  Separated the audit questions from the questionnaire on the suppliers over all business.  Added more detailed questions related to the suppliers.  Updated overall health and structure by specific sections from a detailed perspective.  Initial release of the document into Document Bank under C-0001394 in Van site.	2019-12-17